

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2014
NAME OF PROVIDER OR SUPPLIER EYE CARE SURGERY CENTER OF EVANSVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6540 LOGAN DRIVE, SUITE #3 EVANSVILLE, IN 47715		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of a State complaint.</p> <p>Complaint #IN00156714 Substantiated: No deficiencies related to allegations cited and unrelated deficiencies cited.</p> <p>Survey date: December 18, 2014</p> <p>Facility # 004274</p> <p>Surveyor: Trisha Goodwin, RN BSE Public Health Nurse Surveyor</p> <p>QA Review: JLee 01-28-15</p>	S 000		
S 630	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN.</p> <p>410 IAC 15-2.5-3(d)</p> <p>(d) The medical record must contain sufficient information to:</p> <p>(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of the patient's stay in the center and the results.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure the medical record contained sufficient information to document that the patient was informed of the treatment results for 1 of 6 medical records (MR) reviewed. (MR#2)</p>	S 630		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 630	Continued From page 1 Findings: 1. Review of MR#2 operative report indicated during Cataract extraction on 3/14/2013, zonular weakness was noted during IOL (intraocular lens) implantation and the patient was left Aphakic (without lens). 2. On 12/18/14 at 1:45 MD#1 indicated not replacing a lens during surgery would be considered an unplanned event. MD#1 also indicated unplanned changes along with a new plan would be discussed with a patient and should be documented in the medical record.	S 630		
S 920	410 IAC 15-2.5-5 PATIENT CARE SERVICES 410 IAC 15-2.5-5(b) (b) Written patient care policies and procedures shall be available to personnel and shall include, but not be limited to, the following: This RULE is not met as evidenced by: Based on document review the facility failed to ensure policies and procedures (P&P) were followed for post-procedure follow-up calls for 4 of 6 medical records reviewed. (MR#1, MR#2, MR#3 & MR#6) Findings: 1. Review P&P titled POST-PROCEDURE FOLLOW-UP CALL indicated in #1 of the procedure: " Telephone calls will be made to	S 920		

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S 920	<p>Continued From page 2</p> <p>speak with each patient ...the next working day following the procedure in order to ascertain his/her condition and solicit comments regarding the patient ' s care at the Center " . This P&P was last reviewed/revised 5/29/14.</p> <p>2. Review of medical records (MR) Post-Operative Assessment Call documents indicated the following: MR#1 indicated date of service (DOS) as 2/7/13 and 2 follow up phone call attempts were documented on 2/7/13. MR#2 indicated DOS as 3/14/13 and a follow up call was documented on 3/14/13. MR#3 indicated DOS as 3/21/13 and a follow up call was documented on 3/21/13. MR#6 indicated DOS as 12/18/14 and a follow up call was documented on 12/18/14.</p> <p>3. Review of patient MR#1, MR#2, MR#3, and MR#6's MR lacked documentation that those patients were contacted the next working day following the procedure.</p>	S 920		